2005 FOR PROFIT CORPORATION

Aug 31, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000152278** 08-31-2005 90013 017 ***150.00 JOHN WILCOX TRIM CARPENTRY, INC. Principal Place of Business Mailing Address 11411 SE FEDERAL HWY 11411 SE FEDERAL HWY LOT 91 LOT 91 HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08232005 Chg-P CR2E034 (10/03) 4. FEI Number 16-17/0 396 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILCOX-JOHN: A Street Address (P.O. Box Number is Not Acceptable) 11411 SE FEDERAL HWY LOT 91 HOBE SOUND, FL 33455 City Zip Code 8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8-29-05 SIGNATURE JOHN A WILCOX Signature, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILCOX, JOHN A STREET ADDRESS 11411 SE FEDERAL HWY, LOT91 STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition BAILEY, THOMAS NAME STREET ADDRESS 19406 COUNTRY CLUB DR. STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP **TRES** ☐ Delete TITLE Change Addition WOOTEN, MARCIA NAME NAME 11411 SE FEDERAL HWY. LOT 91 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CETY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

ATTACHMENT PO4000152078

	ATTACHMENT 500642348-29-05 PO4000152274
-	To Whom it may concern
	of an annual reports But in the futurer
	Deal. I do appreciate this chance
	fluk yn far wen
` 	. (